

SECTION 3.

THE REMITTANCE ADVICE (RA)

The Remittance Advice shows claim payment or denial. If the claim has been denied or some other action taken affecting the payment, the RA lists an "Adjustment Reason Code" to explain the denial or other action. The Adjustment Reason Code is from a national administrative code set that identifies the reasons for any differences, or adjustments, between the original provider charge for a claim or service and the payor's reimbursement for it. The RA may also list a "Remittance Remark Code" which is from a national administrative code set for providing either a claim-level or service-level message that cannot be expressed with a claim Adjustment Reason Code.

If a claim is denied, a new or corrected claim form **must** be submitted as corrections **cannot** be made by submitting changes on the RA pages.

Remittance advices for professional services are grouped in the following order.

- Crossover Part-B - reimbursement greater than zero
- Medical - reimbursement greater than zero
- Crossover Part-B - reimbursement equals zero
- Medical - reimbursement equals zero
- Drug
- Adjustments
- Credits

Claims in each category are listed alphabetically by the patient's last name.

<u>FIELD NUMBER & NAME</u>	<u>EXPLANATION OF FIELD</u>
1. Provider Number	The provider's 9-digit Missouri Medicaid number.
2. Remittance Advice Date	The financial cycle date.
3. Remittance Advice Number	The Remittance Advice number.
4. Page	The Remittance Advice page number.
5. Medical (Claim Type)	The type of claims(s) processed.
6. Recipient Name	The patient's last name and first name. NOTE: If the patient's name and identification number are <i>not</i> on file, only the first two letters of the last name and first letter of the first name appear.

FIELD NUMBER & NAME**EXPLANATION OF FIELD**

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|----|-------------------------------|---|
| 7. | Medicaid I.D. | The patient's 8-digit Medicaid identification number. |
| 8. | Internal Control Number (ICN) | <p>The 13-digit number assigned to the claim for identification purposes. The first two digits of an ICN indicate the type of claim:</p> <ul style="list-style-type: none">11--Paper Drug15--Paper Medical18--Paper Medicare/Medicaid Part B Crossover Claim40--Magnetic Tape Billing (MTB) includes claims sent by Medicare intermediaries.41--Direct Electronic Medicaid Information (DEMI)43--MTB/DEMI44--Direct Electronic File Transfer (DEFT)45--Accelerated Submission and Processing (ASAP)46--Adjudicated Point of Service (POS)47--Captured Point of Service (POS)49--Internet50--Individual Adjustment Request55--Mass Adjustment70--Individual Credit to an Adjustment75--Credit Mass Adjustment <p>The third and fourth digits indicate the year the claim was received. The fifth, sixth, and seventh digits indicate the Julian date. In a Julian system, the days of a year are numbered consecutively from "001" (January 1) to "365" (December 31) ("366" in a leap year). The last digits of an ICN are for internal processing. The ICN number 1503277316020 is read as a paper medical claim entered in the processing system on October 4, 2003.</p> <p>For a drug claim, the last digit of the ICN indicates the line number from the Pharmacy Claim form.</p> |
| 9. | Service Dates | The initial date of service in MMDDYY format followed by the final date of service in MMDDYY format. |

<u>FIELD NUMBER & NAME</u>	<u>EXPLANATION OF FIELD</u>
10. Place of Service (POS)	The 2-digit place of service.
11. Proc. Code - Mod	The CPT or HCPCS procedure code, including any modifier(s) billed by the provider.
12. Qty.	The units of service billed.
13. Billed Amount (Charges)	The amount billed by the provider for the procedure.
14. Allowed Amount (Charges)	The Medicaid maximum allowed amount for the procedure.
15. Cut/Back	The difference between the billed amount and the allowed amount.
16. Payment Amount	The amount Medicaid paid on the claim.
17. Adjustment Reason Codes	Identifies the reasons for any differences, or adjustments, between the original provider billed amount for a claim or service and Medicaid's payment for it.
18. Patient Acct	The provider's own patient account name or number.
19. Remark Codes	Provides either claim level or service level messages that cannot be expressed with an Adjustment Reason Code.
20. Corrected Priority Pay Name	The state is showing that there is other insurance available for the patient. When a claim denies for other insurance, the name of the commercial carrier is shown. Up to two policies can be shown.
21. Other Claims Related to ID	The patient's group policy insurance number.
22. Other Claims Related to ID	The patient's individual insurance policy number.

FIELD NUMBER & NAME**EXPLANATION OF FIELD**

23. Category Totals	Each category (i.e., paid crossover, paid medical, denied crossover, denied medical, drug, adjustments) has separate totals for number of claims, billed amount and allowed amount. This field also includes totals for quantity, cutback and other payments, if applicable.
24. Provider Totals	Totals for this provider for this RA.
25. Spenddown Amount	Total spenddown amount(s) for this provider for this RA.
26. Earnings Data	Shows fiscal year-to-date total of claims processed and reimbursements paid to the provider.

PROVIDER NUMBER: MEDICAL (5)	200000000 (1)	STATE OF MISSOURI MEDICAID REMITTANCE ADVICE AS OF 10-10-03 (2)	RA # 09999999 (3)
RECIPIENT MEDICAID NAME I.D.	INTERNAL CONTROL NUMBER	SERVICE DATES P PROC FROM TO O CODE-MOD MDDYY MDDYY S	PAGE 2 (4)
(6)	(7)	(8)	(9)
(10)	(11)	(12)	(13)
(14)	(15)	(16)	(17)
KROSS, IMA	09004999	1503279009999	092903 092903 11 99213
	PAT ACCT:	KR025	1 42.44 24.00 18.44-
	(18)	092903 092903 11 85024	24.00 A2
		092903 092903 11 82948	11.70 A2
		092903 092903 11 83036	1.00 A2
		092903 092903 11 80061	13.41 A2
		092903 092903 11 80061	18.51 A2
		***CLAIM TOTALS :	68.62
			116.82-
*** REMARK CODES: N59			
(19)			
JONES, MARY	05513849	4403280009898	100103 100103 11 99213
	PAT ACCT:	JO398	1 45.00 24.00 21.00-
	(18)	100103 100103 11 82948	24.00 A2
		100103 100103 11 36415	1.00 A2
		***CLAIM TOTALS :	25.00
*** REMARK CODES: N59 MA66			
(19)			
SMITH, JOHN	29030841	1503279006789	100103 100103 11 99213
	PAT ACCT:	SM145	1 42.44 24.00 18.44-
		100103 100103 11 81003	24.00 A2
		***CLAIM TOTALS :	.00 125
			24.00
*** REMARK CODES: MA66			
(19)			
SMITH, WILL	77889911	1503279000987	100103 100103 11 99213
	***REMARK CODES: MA92		1 42.00 .00 42.00-
	(19)		
CORRECTED PRIORITY PAYER NAME: (20) DMS HEALTHCARE			
OTHER CLAIMS RELATED ID: (21) AA345678			
OTHER CLAIMS RELATED ID: (22) 555495755			
****CATEGORY TOTALS : NUMBER OF CLAIMS =		4	117.62
(23)			
****PROVIDER TOTALS : NUMBER OF CLAIMS =		4	117.62
(24)			
SPENDDOWN AMOUNT: (25)		.00	231.26-
***EARNINGS DATA ***			
(26)			
NO. OF CLAIMS PROCESSED		75	
DOLLAR AMOUNT PROCESSED		1,752.71	
CHECK AMOUNT		1,752.71	